

-62-001062

STATE FILE NUMBER

AMENDED

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 15

FILED FEB 15 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN		d. STREET ADDRESS (If outside, give location)	
GASCONADE		HERMANN Rt. 1		OWENSVILLE		OWENSVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
FRENE VALLEY NURSING HOME							
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First Middle Last				Month Day Year		IF UNDER 1 YEAR IF UNDER 24 HR	
CAROL ANN CAROLINE NEESE				FEB. 3 1962		Months Days Hours Min.	
5. SEX		6. COLOR OR RACE		8. DATE OF BIRTH		9. AGE (last birthday)	
FEMALE		WHITE		6-17-1888		73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
HOUSEWORK				OWN HOME		WOOLLAH MO	
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
HENRY BRANDHORST				ALBERTINA BORLISCH		AUGUST E NEESE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address	
NO						4 MRS KATHLEEN SCHLIEPER FLORISSANT MO	
18. CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:				IMMEDIATE CAUSE (a)		4 days	
				Bronchopneumonia			
				DUE TO (b)			
				DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
						20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-19-62 to 2-3-62 and last saw her alive on 2-2-62				Death occurred at 12:48 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
Carol T. Shaw, M.D.				Hermann, Mo.		2-3-62	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		2-5-1962		METHODIST CEMETERY		New Woollam Mo.	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
GOTTENSTROETER FUNERAL HOME OWENSVILLE MO.				2-4-1962		Delma Uffelman	
Michael H W Winter (Licensed Embalmer's Statement on Reverse Side)							

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS									
ITEM NO.	SHOULD READ	INSTEAD OF							
BY AFFIDAVIT OF			DOCUMENT						

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.